



Patent Application
Attorney Docket No.: 47004.000040

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Kevin BOYLE, et al.

Serial No.: 09/325,536

Filed: June 4, 1999

Group Art Unit: 3625

Examiner: Forest Thompson, Jr.

For: CREDIT INSTRUMENT AND SYSTEM WITH AUTOMATED PAYMENT OF
CLUB, MERCHANT, AND SERVICE PROVIDER FEES

TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

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Sir:

The following are enclosed for consideration in the above-identified application:

		FEE
<input type="checkbox"/>	Response to Notice to File Missing Parts	\$
<input checked="" type="checkbox"/>	Response to Office Action of March 29, 2002	\$
<input type="checkbox"/>	Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/>	Submission of Formal Drawings	\$
<input type="checkbox"/>	Informal Drawings: _____ Sheets _____ Figures	\$
<input type="checkbox"/>	Information Disclosure Statement, Form PTO-1449, copy of French and International Search Reports, and 6 references <input type="checkbox"/>	\$
<input type="checkbox"/>	Amendment: <input type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other	\$
<input checked="" type="checkbox"/>	Request for Extension of Time (1 month)	\$110.00
<input type="checkbox"/>	Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/>	Notice of Appeal	\$
<input type="checkbox"/>	Appeal Brief	\$
<input type="checkbox"/>	Request for Oral Hearing	\$
<input type="checkbox"/>	Reply Brief	\$
<input type="checkbox"/>	Terminal Disclaimer	\$
<input type="checkbox"/>	An additional claim fee is required, and is calculated as shown below	\$
TOTAL FEES BEING SUBMITTED		\$110.00

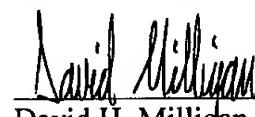


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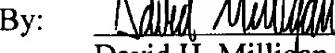
	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims	25	25	0	x \$18.00	\$
Independent Claims	3	3	0	x \$80.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
TOTAL EXCESS CLAIMS FEE					\$
SMALL ENTITY TOTAL (if applicable)					\$.00

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,


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Dated: July 29, 2002
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DHM/cbt